

FORM DA2054 – Driver Authorization Form INSTRUCTIONS

Available on ORM Website: <http://doa.louisiana.gov/orm/word/2054.docx>

Purpose:

- Must be completed and approved for each state employee who may be required to drive any or all of the following types of vehicles while conducting official state business:
 - o State vehicles
 - o State leased and state rented vehicles
 - o Personal vehicles (use must be approved by supervisor to conduct official state business)

Preparation:

- Form must be typed or completed in blue or black ink. Pencil entries are not acceptable.
- **All entries must be clearly and legibly written or typed.**
- Form must be reviewed and signed by the Agency Head or other designated individual.

Instructions – Page 1, Section 1:

1. **AGENCY:** Put the name of your Office/Division/Section – i.e. DCFS Iberville Parish CW; DCFS Lafayette CSE; DCFS MFD Information Services
2. **EMPLOYEE NAME:** Must be the name of the employee as it appears on their driver's license
3. **EMPLOYEE NUMBER:** Employee's personnel number
4. **IMMEDIATE SUPERVISOR:** Name of the employee's immediate supervisor
5. **Driver Training Course (MM/DD/YY):** Date of the latest defensive driver course completed in LEO – taken from LEO training report. The course must be taken every three (3) years and/or upon receipt of any citation for a moving violation or accident.
6. **Driver's License Number:** Employee's driver's license number
7. **State of Issuance:** State where license was issued

Instructions – Page 1, Section 2:

- This section is completed by the Agency Head or designated individual (usually Safety Coordinator) **ONLY after review of official driving record (ODR).**
- Supervisors may initial within the box to indicate form has been reviewed.
- Supervisors are **NOT** to place a checkmark by any vehicle type.

- Employees are **NOT** to complete any information in this section.

Instructions – Page 1, Section 3:

- The employee must read and acknowledge that they agree and will comply with all statements in this section.
- Refusal to sign will result in the employee being prohibited to drive on state business.

Instructions – Page 2:

This page may be used if information on the 1st page, Section 1 has not changed and if the authorized Agency Head or designated individual (usually Safety Coordinator) signs and dates the supplemental signature sheet and attaches it to the DA2054.

Disposition:

- The Safety Coordinator retains the original for audit purposes.
- A copy is given to the supervisor and employee.

Retention:

- Retain the form per [DCFS Policy 6-02 Retention of Departmental Records](#)